

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30449 B

1. PLACE OF DEATH

County Atchison
Township Benton
City..... (No.) St. Ward)

Registration District No. 19
Primary Registration District No. 5024

File No.....
Registered No.....
St. Ward)

2. FULL NAME

Ben Johnson
(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosie Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 29-1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 5 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dallas Co.
(STATE OR COUNTRY) Iowa

10. NAME OF FATHER Lewis Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Norway

12. MAIDEN NAME OF MOTHER Rachel Knivis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Norway

14. INFORMANT Mrs. Rosie Johnson
(Address) Langdon Mo

15. FILED Spt 8 1931 Mary G. Chaudhary REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 8 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 29th, 1931, to Sept 8, 1931, that I last saw h. l. alive on Sept 4th, 1931, and that death occurred, on the date stated above, at 6 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronicity of Stomach

46 B
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 46 B
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF X 1

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS your
(Signed) B. H. Lewis, M. D.
Sept 8, 1931 (Address) Rock Port Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Hunter Cemetery Sept 10 1931

20. UNDERTAKER ADDRESS
Co. Benton Rock Port Mo

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